

Personal Heart Care Record



Name: _____

Address: _____

Allergies: _____

Medications: _____

Health Care Recommendations: _____

FOLLOW-UP VISITS: _____ DATE

Primary Care Physician _____

Cardiologist _____

Endocrinologist _____

Dietician _____

Other _____

IMMUNIZATIONS RECORD	DATE
Pneumonia Vaccination (generally once)	
Flu Shot (once per year)	
Tetanus Vaccination (once every 10 years)	

Taking control of your heart’s health can help you feel better and stay healthy. Moderate physical activity, appropriate nutrition, weight control, and cessation of smoking can help lower your lipids (blood fats). Lowering blood lipid is important to help you prevent heart disease and stroke.

Contact information:

**Wisconsin Cardiovascular Health Program
at 1-608-266-3483**

Local Contact Information: _____



Dept. of Health and Family Services, Division of Public Health

Keep track of your health information. Show this card to your health care provider at every visit. Write down your goals, and the dates and results of tests below. Here are guidelines for good cardiovascular health.

AT EACH VISIT

Weight/BMI - Goal _____

Date/ Baseline Value

Date/Value

Date/Value

Blood Pressure - Goal _____

Date/ Baseline Value

Date/Value

Date/Value

LABORATORY TESTS

Total Cholesterol (*Blood Fats) - Goal < 200

Date/ Baseline Value

Date/Value

Date/Value

HDL* (Good Cholesterol) - Goal ≥ 40 /Men ≥ 50 /Women

Date/ Baseline Value

Date/Value

Date/Value

LDL* (Bad Cholesterol) - Goal < 100

Date/ Baseline Value

Date/Value

Date/Value

Triglycerides* - Goal < 150

Date/Value

Urine Test (Microalbumin) - Goal _____ test yearly

Date/Value

Long term Blood Glucose (A1C) and /or Fasting Glucose - Goal <7 every 3-6 months if diabetes

Date/ Baseline Value

Date/Value

Other:

Date/Value

LIFESTYLE MODIFICATIONS

Physical Activity - Moderate exercise Date

Activity level

Activity level

Smoking Cessation - Never smoked / Quit Date

Quit / Still Smoking / Cut Down

Quit / Still Smoking / Cut Down